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NATIONAL PHASE UTILITY APPLICATION

Transmittal to the (DO/EO/US) Under 35 USC 371 Attorney Docket No.: TOYA117.005APC First Named Inventor: Tadahiko Kato

Int'l Application No.: PCT/JP2004/004240

Int'l Filing Date: March 25, 2004 Priority Date Claimed: March 25, 2003

Title: THERAPEUTIC AGENT FOR NERVE DAMAGE

(amended)

Express Mail Label No.: EV 718229518 US

Direct all correspondence to Customer No.: 20995

Date: September 22, 2005

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The following enclosures are transmitted herewith to be filed in the patent application of:

Inventors:

1. Tadahiko Kato

2. Akira Asari

APPLICATION ELEMENTS:

- (X) This is a FIRST submission of items concerning a filing under 35 U.S.C. § 371.
- (X) The U.S. has been elected (Article 31).
- (X) A copy of the International Application as filed (35 U.S.C. § 371(c)(2)) has been communicated by the International Bureau. A copy of Form PCT/IB/308 enclosed.
- (X) Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. § 371(c)(3)) have not been and will not be made.
- (X) First page of International Application as published.
- (X) International Search Report.

OTHER APPLICATION PARTS:

- (X) Preliminary Amendment in 4 pages.
- (X) An Information Disclosure Statement and PTO/SB/08 equivalent listing and enclosing 10 references for consideration.
- (X) Thirteen (13) sheets of drawings
- (X) Return prepaid postcard.

FILING FEES:

Attorney Docket No.: TOYA117.005APC

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FEE TYPE & DETERMINATION					LARGE FEE	CALCULATION	TOTAL	
Basic Filing Fee under 1.492(a)					1631 (\$300)		\$300	
Search Fee under 1.492(b) (e	nter on	ė in T	OTAL	colu	mn)			
(1) USPTO was ISA and claims are novel					1640 (\$0)			
(2) USPTO was the ISA 1641 (\$100)							\$400	
(3) Foreign Search Report Enclosed 1642 (\$400)								
(4) No Search Report Enclosed					1632 (\$500)			
Examination Fee under 1.492(c) (enter one in TOTAL column)								\$200
(1) USPTO was IPEA & claims satisfy Art. 33 (1)-(4)) 1643 (\$0)								
(2) Non US IPEA / Noncompliant Claims 1633 (\$200)								
Excess Claims	8	-	20	=	0	1615 (\$50)	0 x 50 =	\$0
Excess Ind. Claims	3	_	3	=	0	1614 (\$200)	0 · x 200 =	\$0
Multiple Dep. Claim			·			1616 (\$360)		\$0
•							TOTAL FEE DUE	\$900

(X) A check in the amount of \$900 to cover the Total Fee Due is enclosed.

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Applicant(s)

Kato, et al.

For

THERAPEUTIC AGENT FOR NERVE DAMAGE

Attorney

Che Swyden Chereskin, Ph.D.

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Date of Deposit

September 26, 2005

I hereby certify that the accompanying

Transmittal; Application in 17 pages; Preliminary Amendment in 4 pages; Thirteen (13) pages of drawings; First page of International Application as Published; International Search Report; Form PCT/IB/308; Information Disclosure Statement, PTO Form 1449 with 10 references; Check for Filing Fee; Return Prepaid Postcard

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